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JFE

PTO/SB/83 (09-04)  
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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
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CORRESPONDENCE ADDRESS**

Application Number	10/085,921
Filing Date	February 28, 2002
First Named Inventor	James Harman
Art Unit	3676
Examiner Name	Chuck Y. Mah
Attorney Docket Number	LDP-8103

**To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

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1. ☐ The correspondence address is NOT affected by this withdrawal.
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**OR**

<input checked="" type="checkbox"/> Firm or Individual Name	James Harman		
Address	1540 S.E. 12th Street, Suite 5		
City	Fort Lauderdale	State	Florida
		Zip	33316
Country	U.S.A.		
Telephone	954-467-3618	Fax	
Signature			
Name	Ralph E. Locher	Registration No.	41,947
Date	November 17, 2004	Telephone No.	954-925-1100

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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